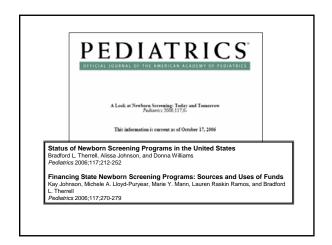
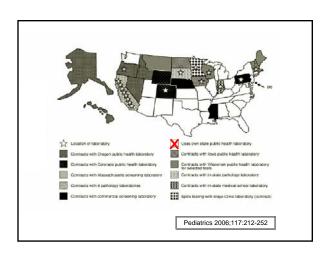
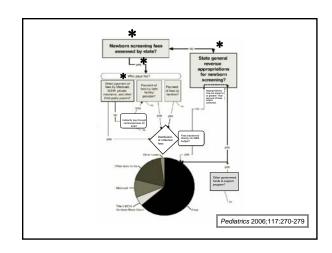
## Financing Developing Newborn Screening Systems

K Pass Wadsworth Center NYS Dept Health



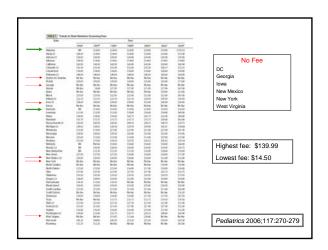




## Results: Fee Labs

- **173%** increased fees 2002 2005
- 100% use funds to support laboratory
- ₹70% use funds for short term FU services
- \$\daga{47\%} \text{ finance long-term FU beyond diagnosis}
- \$\\$43\% finance genetic or nutritional counseling and foods or treatments

Pediatrics 2006;117:270-279



## Conclusions

- States are committed to <u>maintaining</u> their NBS programs
- States are committed to <u>financing</u> the initial screening and diagnosis
- ¶Use of Federal funding is limited.
- Tederal funding could (would?) increase with national guidelines

Pediatrics 2006;117:270-279

## **APHL**

Recommendations from the American College of Medical Genetics for a uniform newborn screening core panel of 29 conditions require rapid expansion of state public health newborn screening programs and laboratories. APHL supports continued federal and state funding to enable programs to comply with these recommendations. Furthermore, to assure continued compliance with evolving recommendations, resources generated by, or allocated to, a newborn screening system should be dedicated to that system, and should cover all phases of system operations (laboratory screening, follow-up, therapy, and education) including new assay and system development.

APHL Position Paper not yet officially adopted, Oct 2006